

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

For receiving office use only
International Application No. _____
International Filing Date <span style="font-size: 1.2em; margin-left: 20px;">09/868083</span>
Name of receiving Office and "PCT International Application" _____
Applicant's or agent's file reference (if desired) (12 characters maximum) 5090/WO/98

<b>Box No. I</b>	<b>TITLE OF INVENTION</b>
METHOD FOR MEASURING NON-TRANSFERRIN BOUND IRON IN SERUM AND BIOLOGICAL FLUIDS	
<b>Box No. II</b>	<b>APPLICANT</b>
Name and address:	
YISSUM RESEARCH DEVELOPMENT COMPANY OF THE HEBREW UNIVERSITY OF JERUSALEM 46 Jabotinsky Street P.O. Box 4279 Jerusalem 91042 Israel	
<div style="text-align: right;"><input type="checkbox"/> This person is also an inventor.</div>	
<div style="text-align: right;">Telephone No.</div>	
<div style="text-align: right;">Facsimile No.</div>	
<div style="text-align: right;">Teleprinter No.</div>	
State (i.e. country) of nationality: IL	State (i.e. country) of residence: IL
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address:	
CABANTCHIK, Zvi Yoav 6 Politi Street Arnona, Jerusalem 93390 Israel	
This person is: <div style="text-align: right;"> <input type="checkbox"/> applicant only  <input checked="" type="checkbox"/> applicant and inventor  <input type="checkbox"/> inventor only         </div>	
State (i.e. country) of nationality: IL	State (i.e. country) of residence: IL
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <div style="text-align: right;"> <input checked="" type="checkbox"/> agent           <input type="checkbox"/> common representative         </div>	
Name and address:	
LUZZATTO, Kfir LUZZATTO & LUZZATTO P.O.Box 5352 Beer-Sheva 84 152 Israel	
<div style="text-align: right;">Telephone No.</div> <div style="text-align: right;">(972-7) 6497-871</div>	
<div style="text-align: right;">Facsimile No.</div> <div style="text-align: right;">(972-7) 6497-125</div>	
<div style="text-align: right;">Teleprinter No.</div>	
<input type="checkbox"/> Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III <b>FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
<i>If none of the following sub-boxes is used, this sheet is not to be included in the request</i>	
Name and address:  BREUER, William 342 Tzur Haddasah Jerusalem 99875 Israel	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only
State (i.e. country) of nationality: IL	State (i.e. country) of residence: IL
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address:  DOMB, Abraham J. 16 Migdal Eder Street Efrat 90435 Israel	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only
State (i.e. country) of nationality: IL	State (i.e. country) of residence: IL
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address:  BENTOLILA, Alfonso 8/1 Hagalil Street Bet Shemesh 99582 Israel	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only
State (i.e. country) of nationality: ES	State (i.e. country) of residence: IL
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address:	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only
State (i.e. country) of nationality:	State (i.e. country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet	

## Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

## Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) . . . . .

## National Patent (If other kind of protection or treatment desired, specify on dotted line):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates . . . . .                  | <input checked="" type="checkbox"/> LS Lesotho . . . . .                                   |
| <input checked="" type="checkbox"/> AL Albania . . . . .                               | <input checked="" type="checkbox"/> LT Lithuania . . . . .                                 |
| <input checked="" type="checkbox"/> AM Armenia . . . . .                               | <input checked="" type="checkbox"/> LU Luxembourg . . . . .                                |
| <input checked="" type="checkbox"/> AT Austria . . . . .                               | <input checked="" type="checkbox"/> LV Latvia . . . . .                                    |
| <input checked="" type="checkbox"/> AU Australia . . . . .                             | <input checked="" type="checkbox"/> MD Republic of Moldova . . . . .                       |
| <input checked="" type="checkbox"/> AZ Azerbaijan . . . . .                            | <input checked="" type="checkbox"/> MG Madagascar . . . . .                                |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina . . . . .                | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia . . . . . |
| <input checked="" type="checkbox"/> BB Barbados . . . . .                              | <input checked="" type="checkbox"/> MN Mongolia . . . . .                                  |
| <input checked="" type="checkbox"/> BG Bulgaria . . . . .                              | <input checked="" type="checkbox"/> MW Malawi . . . . .                                    |
| <input checked="" type="checkbox"/> BR Brazil . . . . .                                | <input checked="" type="checkbox"/> MX Mexico . . . . .                                    |
| <input checked="" type="checkbox"/> BY Belarus . . . . .                               | <input checked="" type="checkbox"/> NO Norway . . . . .                                    |
| <input checked="" type="checkbox"/> CA Canada . . . . .                                | <input checked="" type="checkbox"/> NZ New Zealand . . . . .                               |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein . . . . .  | <input checked="" type="checkbox"/> PL Poland . . . . .                                    |
| <input checked="" type="checkbox"/> CN China . . . . .                                 | <input checked="" type="checkbox"/> PT Portugal . . . . .                                  |
| <input checked="" type="checkbox"/> CU Cuba . . . . .                                  | <input checked="" type="checkbox"/> RO Romania . . . . .                                   |
| <input checked="" type="checkbox"/> CZ Czech Republic . . . . .                        | <input checked="" type="checkbox"/> RU Russian Federation . . . . .                        |
| <input checked="" type="checkbox"/> DE Germany . . . . .                               | <input checked="" type="checkbox"/> SD Sudan . . . . .                                     |
| <input checked="" type="checkbox"/> DK Denmark . . . . .                               | <input checked="" type="checkbox"/> SE Sweden . . . . .                                    |
| <input checked="" type="checkbox"/> EE Estonia . . . . .                               | <input checked="" type="checkbox"/> SG Singapore . . . . .                                 |
| <input checked="" type="checkbox"/> ES Spain . . . . .                                 | <input checked="" type="checkbox"/> SI Slovenia . . . . .                                  |
| <input checked="" type="checkbox"/> FI Finland . . . . .                               | <input checked="" type="checkbox"/> SK Slovakia . . . . .                                  |
| <input checked="" type="checkbox"/> GB United Kingdom . . . . .                        | <input checked="" type="checkbox"/> SL Sierra Leone . . . . .                              |
| <input checked="" type="checkbox"/> GD Grenada . . . . .                               | <input checked="" type="checkbox"/> TJ Tajikistan . . . . .                                |
| <input checked="" type="checkbox"/> GE Georgia . . . . .                               | <input checked="" type="checkbox"/> TM Turkmenistan . . . . .                              |
| <input checked="" type="checkbox"/> GH Ghana . . . . .                                 | <input checked="" type="checkbox"/> TR Turkey . . . . .                                    |
| <input checked="" type="checkbox"/> GM Gambia . . . . .                                | <input checked="" type="checkbox"/> TT Trinidad and Tobago . . . . .                       |
| <input checked="" type="checkbox"/> HR Croatia . . . . .                               | <input checked="" type="checkbox"/> UA Ukraine . . . . .                                   |
| <input checked="" type="checkbox"/> HU Hungary . . . . .                               | <input checked="" type="checkbox"/> UG Uganda . . . . .                                    |
| <input checked="" type="checkbox"/> ID Indonesia . . . . .                             | <input checked="" type="checkbox"/> US United States of America . . . . .                  |
| <input checked="" type="checkbox"/> IL Israel . . . . .                                | <input checked="" type="checkbox"/> UZ Uzbekistan . . . . .                                |
| <input checked="" type="checkbox"/> IN India . . . . .                                 | <input checked="" type="checkbox"/> VN Viet Nam . . . . .                                  |
| <input checked="" type="checkbox"/> IS Iceland . . . . .                               | <input checked="" type="checkbox"/> YU Yugoslavia . . . . .                                |
| <input checked="" type="checkbox"/> JP Japan . . . . .                                 | <input checked="" type="checkbox"/> ZA South Africa . . . . .                              |
| <input checked="" type="checkbox"/> KE Kenya . . . . .                                 | <input checked="" type="checkbox"/> ZW Zimbabwe . . . . .                                  |
| <input checked="" type="checkbox"/> KG Kyrgyzstan . . . . .                            |  |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea . . . . . |  |
| <input checked="" type="checkbox"/> KR Republic of Korea . . . . .                     |  |
| <input checked="" type="checkbox"/> KZ Kazakhstan . . . . .                            |  |
| <input checked="" type="checkbox"/> LC Saint Lucia . . . . .                           |  |
| <input checked="" type="checkbox"/> LK Sri Lanka . . . . .                             |  |
| <input checked="" type="checkbox"/> LR Liberia . . . . .                               |  |

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

- |  |
|--|
| <input checked="" type="checkbox"/> CR Costa Rica . . . . .                  |
| <input checked="" type="checkbox"/> DM Dominica . . . . .                    |
| <input checked="" type="checkbox"/> TZ United Republic of Tanzania . . . . . |
| <input checked="" type="checkbox"/> MA Morocco . . . . .                     |

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

**Supplemental Box** *If the supplemental Box is not used, this sheet need not be included in the request.*

**Continuation of Box No. IV**

LUZZATTO, Edgar

LUZZATTO, Esther

HACKMEY, Michal

FUERST, Zadok

PYERNIK, Moshe

MANZUROLA, Emanuel

SERUYA, Yehuda

PRICE, Eyal

SHALEV, Ronit

HACKMEY, Miriam

P.O.Box 5352

Beer-Sheva 84 152

Israel

**Box No. VI PRIORITY CLAIM**Further priority claims are indicated in the Supplemental Box ☐

The priority of the following earlier application(s) is hereby claimed:

Country (in which, of for which the application was filed)	Filing Date (day/month/year)	Application No.	Office of filing (only for regional or international application)
item(1) IL	17 December 1998 (17.12.98)	127621	
item(2)			
item(3)			

Mark the following check-box if the certified copy of the earlier application is to be issued by the Office which for the purposes of the present international application is the receiving Office (a fee may be required):



The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) identified above as item(s): 1

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY****Choice of International Searching Authority (ISA)** (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):**ISA / EP****Earlier Search** Fill in where a search (international, international-type or ther) by the International Searching Authority has already been carried out or requested and the Authority is now requested to base the international search, to the extent possible, on the results of that earlier search. Identify such search or request either by reference to the relevant application (or the translation thereof) or by reference to the search request:

Country (or regional Office):

Date (day/month/year):

Number:

**Box No. VIII CHECK LIST**

This international application contains the following number of sheets:

- |                |   |           |
|----------------|---|-----------|
| 1. request     | : | 5 sheets  |
| 2. description | : | 22 sheets |
| 3. claims      | : | 3 sheets  |
| 4. abstract    | : | 1 sheet   |
| 5. drawings:   |   | 3 sheets  |

Total : 34 sheets

This International application is accompanied

- ☐ separate signed power of attorney
- ☒ copy of general power of attorney
- ☐ statement explaining lack of signature
- ☐ priority document(s) identified in Box No. VI as item(s):

- 5.
- ☒
- fee calculation sheet

- ☐ separate indications concerning deposited microorganisms
- ☐ nucleotide and/or amino acid sequence listing (diskette)
- ☐ other (specify)

Figure No. of the drawings (if any) should accompany the abstract when it is published.

**Box No. IX SIGNATURE OF APPLICANT OR AGENT**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request)

  
 Dr. Esther Luzzatto

1. Date of actual receipt of the purported international application:		2. Drawings:  <input type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority specified by the applicant: <b>ISA/</b>	6. Transmittal of search copy delayed until search fee is paid <input type="checkbox"/>	

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Form PCT/RO/101 (last sheet) (January 1994)

Date of receipt of the record

copy by the International Bureau: